

SPECIAL OPENING AGREEMENT
88 MSG/SVY
WRIGHT PATTERSON AFB OH 45433

INFORMATION

If an organization or individual(s) request a special opening for hourly care outside normal operating hours, an agreement between parties must be reached.

The goal of the special opening is to provide the requested service at cost to the organization or individual(s). However, determination if the special opening can be accommodated will be on a case-by-case basis and only if there is sufficient interest.

Completed registration forms and current immunizations are required for participation.

PAYMENT OPTIONS

The requestor must decide an option for payment. The following plans are available:

PLAN A – Organization Sponsored

If an organization wishes to fund the special opening, only labor costs are considered. Labor costs for NAF and APF employees are included. For each employee used during the special opening, the labor cost (including benefits, night differential, etc.) is \$20.00 per hour, per caregiver. A minimum of two employees are required but additional employees may be needed depending on the number of children served and the ages of those children. An estimate would be two employees for the first five children with one employee for each additional five to seven children.

PLAN B – Individual(s) Sponsored

If individuals wish to fund the special opening, the normal nightly/weekend rate is charged (\$5.00 per hour). Each parent would be responsible for the payment of his or her own children but a minimum of a two-hour fee would be required.

BOOKING

When booking a special opening, the following information is needed at least two weeks in advance: date of event, hours requested for care, payment plan option, point-of-contact (POC) for the event, phone number for POC, and organization.

If you have any questions regarding special openings, feel free to contact the Resource and Referral office at 257-2644, Monday – Friday, 0800-1500.

STATEMENT OF AGREEMENT

As the organizational POC, I understand the above conditions. I will ensure payment is made promptly following the event (Plan A), or I will assist in collecting payment from organizational members who fail to pay as required (Plan B).

Special Opening POC

Date

Special Events Coordinator

Date

SPECIAL EVENTS REQUEST FORM

DATE OF REQUEST: _____ COMPLETED DATE: _____

DATE OF EVENT	TYPE OF EVENT	EVENT TIMES

EVENT POC	POC PHONE/FAX/EMAIL

# OF CHILDREN	AGES OF CHILDREN	PLACE OF EVENT	PLACE OF CARE	SUREG CARE? Yes/No

COORD REQUIRED WITH FIRE/SAFETY/HEALTH Yes/No	CONTACT INFO GIVEN/COORD INFO PROVIDED Yes/No

CHILD CARE COORD CONTACTS	DATE OF COORD
88 MSG/SVY 257-6763	
88 MSG/SVYY 255-5053 X305	
88 MSG/SVYC 255-5053 X313	
FACILITY WHERE OPENING IS HELD	
OTHER:	

ADDITIONAL COMMENTS:

Special Events Coordinator Signature: _____